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DATE: February 14, 2008

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TO: Examiner Anuradha Ramana, Group Art Unit 3733

FAX NUMBER: 571-273-8300

COMPANY: U.S. Patent and Trademark Office

PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333 FAX NUMBER: (317) 636-1507

RE: Notice of Appeal for U.S. Patent Application No. 10/633,288 to Charles L. Branch et al. COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

> February 14, 2008 (Date of Transmission)

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PTO/SB/21 (04-07) Approved for use through 09/30/2007. OMB 0651-0031

	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE u.S. Patent And Trademark Office; U.S. DEPARTMENT OF COMMERCE								
Under the Paperwork Reduction Act of 1995, no person	Application Number	10/633,288							
TRANSMITTAL	Filing Date	August 1, 2003							
FORM	First Named Inventor	Charles L. Branch et al.							
	Art Unit	3733							
(to be used for all correspondence after initial filing)	Examiner Name	Anuradha Ramana							
	Attorney Docket Number	MSDI-261/PC750.00							
Total Number of Pages in This Submission	LOSURES (Check all	I that apply)							
Fee Transmittal Form	Drawing(s)	After Allowance Communication to 10							
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences							
_ In	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
Amendment/Reply	Petition to Convert to a Provisional Application	Proprietary Information							
After Final	Power of Attorney, Revocate Change of Correspondence								
Affidavits/declaration(8)	Terminal Disclaimer	Other Enclosure(s) (please Identify below):							
Extension of Time Request	Request for Refund	Fax Cover Sheet;							
Express Abandonment Request		Pre-Appeal Brief Request for Review							
Information Disclosure Statement	CD, Number of CD(s)								
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Reply to Missing Parts/									
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under 37 CFR 1.52 or 1.53									
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	E OF APPLICANT, AT								
Firm Name Krieg/DeVault LLP	14								
Signature Spriles hel	Me								
Printed name Douglas A. Collier		Reg. No. 43 556							
Date February 14, 2008		Reg. No. 43,556							
CERT	TIFICATE OF TRANSM	ISSION/MAILING							
		ISPTO or deposited with the United States Postal Service with er for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on							
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Approved for use through 08/30/2010, OMB 0851-0032

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			omplete if	Known .						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Application Number		10/633,288						
		Filing Date		August 1, 2003						
		First Named Inventor		Charles L. Branch et al.						
		Examiner Name		Anuradha Ramana						
Applicant claims small entity status. See 37 CFR 1.27		. Art Unit		3733						
		Attorney Docket No.		MSD1-261/PC750.00						
TOTAL AMOUNT OF FATHER										
METHOD OF PAYMENT (check all that apply)										
None Other (please identify):										
Deposit Account Name: Krieg Devault Lundy										
Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg Devaut Condy For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Citaige ice(o) maissant and										
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
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FEE CALCULATION										
4 BASIC FILING SEARCH, AND EXAMINATION F	EES		= VA	MINATION	FFFS					
FILING FEES Small Entity	SEARC	H FEES Small Entity		Small I	Entity	Engo I	Paid (\$)			
Application Type Fee (\$) Fee (\$)	Fee (\$)	Fee (\$)		(\$) Fee	_	<u>reas (</u>	1010101			
Utility 310 155	510	255	21							
Design 210 105	100	50	13	30 6:	5					
Plant 210 105	310	155	16	50 8						
Reissue 310 155	510	255	62	20 31	0					
010 105	0	0		0	D					
Provisional 210 103 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$)										
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Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims See (5) See Paid (5) Multiple Dependent Clair										
Multiple dependent claims Total Claims Extra Claims Fee (5)	Fee	Paid (\$)			-		Paid (\$)			
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HP = highest number of independent claims paid for, if greater than 3.										
2 ARRI ICATION SIZE FEE										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (5)										
Total Sheets Extra Sheets Number of each additional 35 of Tipesty.										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Notice of Appeal (\$510): Request for 1 Mo. Extension (\$120) 630.00										
SUBMITTED BY Registration No. 43,556 Signature Registration No. 43,556 (Attorney/Agent) 43,556						38-6333				
						ebruary 14	, 2008			

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